

EMPLOYER'S SUPPLEMENTAL PENSION REPORT

To determine the correct supplemental annuity amount payable to this individual, the Railroad Retirement Board requests that you furnish the applicable pension data shown below.

Please read the "Important Notice" and complete Item 18 – Employer Certification, on the reverse side of this form.

1 RRB CLAIM NO.

2 DATE RELEASED

A

3 SOCIAL SECURITY NUMBER

5 NAME (First, Middle Initial, Last)

6 PAYROLL NUMBER

7 OCCUPATION

8 WORK LOCATION

9 DEPT. OR DIVISION

B A

10 11 DATE LAST WORKED (Last date on payroll as employee)

12 DATE RIGHTS RELINQUISHED

MO.

DAY

YR.

MO.

DAY

YR.

13 (a) Is the employee entitled to a pension from your railroad that is based on employer contributions?

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YES → Read Note and complete items 13(b)-(g) and go to item 14.

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NO → Go to item 18.

NOTE: Space is provided below for more than one pension rate and effective date. If a lump-sum payment has been or will be made in lieu of monthly payments, refer to the Reporting Instructions for Employers, Part VI, Chapter 8, for the completion of this form.

(b) NET MONTHLY PENSION RATE		(c) EFFECTIVE DATE			(d) TOTAL REDUCTIONS FOR JOINT AND SURVIVOR OPTIONS		(e) TOTAL REDUCTION FOR EARLY RETIREMENT	
DOLLARS	CENTS	MONTH	DAY	YEAR	DOLLARS	CENTS	DOLLARS	CENTS
\$					\$		\$	
\$					\$		\$	

(f) Is the pension payable under a plan established pursuant to a collective bargaining agreement? →

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YES - NOTE: RRB SUPPLEMENTAL ANNUITY TAX LIABILITY will be created.

(g) Enter the name of the employee's pension plan if your company has more than one plan. Otherwise, leave blank. →

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NO - NOTE: RRB SUPPLEMENTAL ANNUITY TAX CREDIT will be created.

14 Entries for item 14(a) are completed by the Railroad Retirement Board. **The railroad is to complete items 14(b) through 14(c).**

(a) The current total monthly railroad retirement tier 1 rate is \$ []. (This tier 1 rate is based on earnings through the year [].)
The current total monthly railroad retirement tier 2 rate is \$ [].
The supplemental annuity rate before reduction for an employer pension is \$ [].
The employee has [] years of creditable service.

(b) Is the employee's pension reduced for the RRB SUPPLEMENTAL ANNUITY? →

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YES → Complete item 14(c) and go to item 15.

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NO → Go to item 15.

(c) Reduction for RRB SUPPLEMENTAL ANNUITY →

DOLLARS	CENTS
\$	
\$	

	15	<p>COMPLETE ITEMS 15 AND 16 ONLY IF EMPLOYEE IS ENTITLED TO CONTRIBUTORY PENSION</p> <p><i>Type of contributory pension (CHECK 2 BOXES)</i></p> <div style="display: flex; justify-content: space-between;"> <div> <p>1. <input type="checkbox"/> BASED ON AGE</p> <p>3. <input type="checkbox"/> NOT REDUCED FOR EARLY RETIREMENT</p> </div> <div> <p>2. <input type="checkbox"/> BASED ON DISABILITY</p> <p>4. <input type="checkbox"/> REDUCED FOR EARLY RETIREMENT</p> </div> </div>
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16	<p><i>The railroad is to furnish the amount of the employee's contributions for the groups of years listed below. Include as employee contributions any contributions made by your company in lieu of a wage increase under the provisions of a collective bargaining agreement. Do not include any contributions withdrawn or refunded.</i></p>
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YEAR	EMPLOYEE CONTRIBUTION AMOUNT	YEAR	EMPLOYEE CONTRIBUTION AMOUNT	YEAR	EMPLOYEE CONTRIBUTION AMOUNT
BEFORE 1932		1975		1989	
1932 - 33		1976		1990	
1934 - 39		1977		1991	
1940 - 44		1978		1992	
1945 - 49		1979		1993	
1950 - 54		1980		1994	
1955 - 59		1981		1995	
1960 - 62		1982		1996	
1963 - 65		1983		1997	
1966 - 68		1984		1998	
1969 - 71		1985		1999	
1972		1986		2000	
1973		1987		2001	
1974		1988		2002	

17	REMARKS

IMPORTANT NOTICE

<p>PAPERWORK REDUCTION ACT NOTICE</p> <p>The information requested on this form is needed to determine if a reduction is required to the supplemental annuities of your retired employees under Section 2(h)(2) of the Railroad Retirement Act (RR Act) (45 U.S.C. 231a(h)(2)) and to establish the type of supplemental annuity taxes due to the Internal Revenue Service under 26 U.S.C. 3221. Furnishing this information is required by law (Section 7(b)(6) of the RR Act (45 U.S.C. 231f(b)(6))).</p> <hr/> <p>We estimate this form takes an average of eight minutes per response, including the time for reviewing the instructions, getting the needed data, and reviewing the completed form. Federal agencies may not conduct or sponsor, and respondents are not required to respond to a collection of information unless it displays a valid OMB number. If you wish, send any comments regarding the accuracy of our estimates or any other aspects of this form, including suggestions for reducing the completion time, to the Chief of Information Management, Railroad Retirement Board, 844 North Rush Street, Chicago, IL 60611-2092.</p>
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18	<p>EMPLOYER CERTIFICATION BY RAILROAD CONTACT OFFICIAL - <i>Always complete this item.</i></p> <p>The information in this report is correct to the best of my knowledge and belief.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p>_____ Signature of RR Contact Official</p> <p><i>Please return this form to:</i></p> <p>U.S. Railroad Retirement Board RBD-RIS 844 North Rush Street Chicago, Illinois 60611-2092</p> </div> <div style="width: 45%;"> <p>_____ Title of RR Contact Official</p> <p>_____ Business Telephone Number (Include Area Code)</p> <p>_____ Date</p> </div> </div>
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